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Attorney

Date 8 Feb. 2002

#3

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Date

PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

FER-289

First Named Inventor

Kristina H. McVicker

COMPLETE IF KNOWN

Application Number

09 / 995418

Filing Date

27 November 2001

Group Art Unit

1762

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HOT MELT CONDUCTOR PASTE COMPOSITION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

11/27/2001

as United States Application Number or PCT International

Application Number

09/995418

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

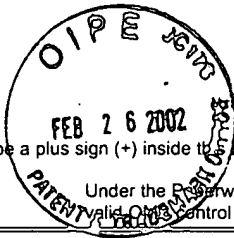
[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	007609	OR <input type="checkbox"/> Correspondence address below
Name Rankin, Hill, Porter & Clark LLP				
Address 925 Euclid Avenue, Suite 700				
Address				
City Cleveland		State Ohio	ZIP 44115-1405	
Country U.S.A.	Telephone (216) 566-9700		Fax (216) 566-9711	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Kristina H.		McVicker		
Inventor's Signature <i>Kristina H. McVicker</i>				Date <i>1/30/02</i>
Residence: City	Vista	State	CA	Citizenship USA
Mailing Address 1510 South Melrose Drive, #110				
Mailing Address				
City	Vista	State	California	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Aziz S.		Shaikh		
Inventor's Signature <i>Aziz S. Shaikh</i>				Date <i>1/30/02</i>
Residence: City	San Diego	State	CA	Citizenship USA
Mailing Address 17790 Weaving Lane				
Mailing Address				
City	San Diego	State	California	Country USA
<input type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				



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PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

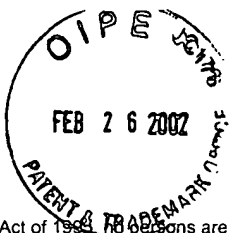
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kenneth H.				Magrini			
Inventor's Signature						Date	11/2/02
Residence: City	Oceanside	State	CA	Country	USA	Citizenship	USA
Post Office Address	1231-A South Pacific Street						
Post Office Address							
City	Oceanside	State	CA	ZIP	92054	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Todd K.				Williams			
Inventor's Signature						Date	1-30-02
Residence: City	Encinitas	State	CA	Country	USA	Citizenship	USA
Post Office Address	981 North Vulcan Avenue						
Post Office Address							
City	Encinitas	State	CA	ZIP	92024	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Luis C.				Tolentino			
Inventor's Signature						Date	1-30-02
Residence: City	San Diego	State	CA	Country	USA	Citizenship	USA
Post Office Address	7024 Deerhurst Court						
Post Office Address							
City	San Diego	State	CA	ZIP	92139	Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David M.				Stotka			
Inventor's Signature						Date	
Residence: City	Washington	State	PA	Country	USA	Citizenship	USA
Post Office Address	620 North Wade Avenue						
Post Office Address							
City	Washington	State	PA	ZIP	15301	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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